



South Coast Air Quality Management District
P. O. Box 4944
Diamond Bar, CA 91765
(909) 396-2000

Form 400-A and one or more 400-E-xx form(s)
must accompany all submittals.

EXPRESS PERMIT PROCESSING REQUEST FORM FORM 400 - XPP

Section I - Facility/Application Information

1. Business Name: _____ Facility ID: _____
2. The requested application is for a(n): _____ Date of Occurrence: _____
 - a. ☐ New Construction
 - b. ☐ Change of Location
 - c. ☐ Modification of Equipment/Process
 - d. ☐ Existing Equipment with Expired Permit
 - e. ☐ Existing Equipment Operating without a Permit; Initial Operation Date: _____
 - f. ☐ Change of Condition(s); Specify the change of condition(s) requested: _____
 - g. ☐ Change of Operator; List previous name of operator and Facility ID #: _____
3. ☐ I hereby request Express Permit Processing for this application.
4. ☐ I understand that this request will incur additional fees.
5. ☐ This request is not cancelable once engineering review has been initiated.
6. ☐ I understand that this request for Express Permit Processing neither guarantees action by any specific date nor does it guarantee permit approval.

Section II - Certification

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:

TITLE OF RESPONSIBLE OFFICIAL OF FIRM:

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER

DATE SIGNED:

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF PREPARER:

TITLE OF PREPARER:

TYPE OR PRINT NAME OF PREPARER:

PREPARER'S TELEPHONE NUMBER

DATE SIGNED:

AQMD USE ONLY		APPLICATION/TRACKING #		PROJECT #		TYPE B C D		EQUIPMENT CATEGORY CODE: _____/____		FEE SCHEDULE: \$		VALIDATION	
ENG. A R DATE		ENG. A R DATE		CLASS I III IV		ASSIGNMENT UNIT ENGINEER		ENF. SECT.		CHECK/MONEY ORDER #		AMOUNT \$	